STATEMENT OF

RECEIVED 7

FORM 1	ORGANIZATION			1	SAR 18 AM 8: 21 Commandation Center
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
BYRNE PA	\C			 	
ADDRESS (number a	nd street)	P.O. Box 3723	3	 	
(Check if address is changed)		Montgomery		AL	B6109
		•	CITY	STATE	ZIP CODE
į	address	(Please provide only one e- ashley.newma	and a superior of the state of		
COMMITTEE'S WEB (Check if is change	PAGE ADDF	program . Hole division in the contraction of a programming	THE PROPERTY NAME OF THE PARTY	Service of the servic	
2. DATE 03	3" '10°	2014			
3. FEC IDENTIFIC	CATION NUM	IBER C			
4. IS THIS STATE	MENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have	examined this		t of my knowledge and belief	it is true, correct a	and complete.
Type or Print Name	of Treasurer	J. Ashley Ne	wman	s •	· · · · · · · · · · · · · · · · · · ·
Signature of Treasur	er R	a Yeur	war)	Date 03	10° 2014
NOTE: Submission of		* * * * * * * * * * * * * * * * * * *	may subject the person signing ON SHOULD BE REPORTED V	· · · · · · · · · · · · · · · · · · ·	the penalties of 2 U.S.C. §437g.
Office Use		741	For further information Federal Election Commiss Toli Free 800-424-9530	contact:	FEC FORM 1 (Revised 02/2009)